

CARROLL COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
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Larry L. Leitch, M.A., M.P.A.
Health Officer, Carroll County

Elizabeth M. Ruff, M.D.
Deputy Health Officer

TRANSFER OF COUNTY WELL/SEPTIC PERMIT

I, _____, hereby request that the
(Owner/Agent for Owner)

Health Department File Number _____

be transferred FROM:

(Original Licensed Installer/
Driller name & address)

TO:

_____ Well Driller (name and address) _____

_____ Licensed Installer (name and address) _____

Additional Comments and/or changes: _____

I agree to install system(s) in accordance with Health Department regulations. I understand the property owner, contractor, or sub contractor are equally responsible in complying with Health Department regulations. If any changes are necessary or desirable, I will first consult the Health Department. See any qualifications on plot plan or attached permit.

Signature of Owner/Agent for Owner